
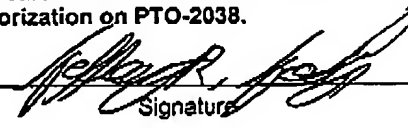
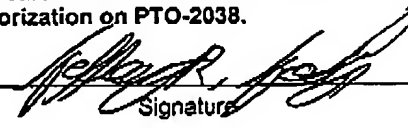
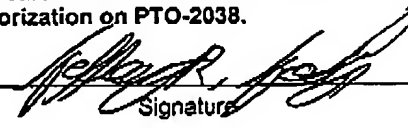


PTO/SB/22 (08-03)

Approved for use through 7/31/2005. OMB 0851-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 12745/2												
I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office, Fax No. (571) 273-8300 on <u>August 30, 2005</u> .  Blanche Guzman-Salmon														
In re Application of Stephen H. ZALEWSKI Application Number 10/616,819 Filed July 8, 2003 For: Method and apparatus for building a complete data protection scheme Art Unit 3621 Examiner Firmin BACKER														
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$ <u>120.00</u></td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>11-0600</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71</p> <p style="padding-left: 40px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>54,204</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).</p> <p style="padding-left: 40px;">Registration number if acting under 37 CFR 1.34(a). _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 50%; vertical-align: top;"> <p style="text-align: center;">August 30, 2005</p> <hr/> <p style="text-align: center;">Date</p> <p style="text-align: center;">(408) 975-7500</p> <hr/> <p style="text-align: center;">Telephone Number</p> </td> <td style="width: 50%; vertical-align: top;">  <hr/> <p style="text-align: center;">Signature</p> <p style="text-align: center;">Jeffrey R. Joseph</p> <hr/> <p style="text-align: center;">Typed or printed name</p> </td> </tr> </table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> <p><input checked="" type="checkbox"/> Total of 2 forms are submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ <u>120.00</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____	<p style="text-align: center;">August 30, 2005</p> <hr/> <p style="text-align: center;">Date</p> <p style="text-align: center;">(408) 975-7500</p> <hr/> <p style="text-align: center;">Telephone Number</p>	 <hr/> <p style="text-align: center;">Signature</p> <p style="text-align: center;">Jeffrey R. Joseph</p> <hr/> <p style="text-align: center;">Typed or printed name</p>
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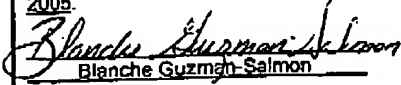
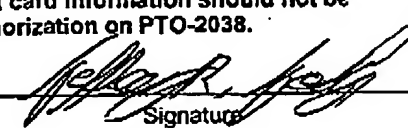
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